

2406

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>563</u>	
1. PLACE OF DEATH				COUNTY <u>Yuma</u> STATE <u>ARIZONA</u>		REGISTERED NO. <u>43</u>	
TOWNSHIP <u>Yuma</u> OR VILLAGE _____				CITY <u>Yuma</u> NO. _____ ST. _____ WARD _____			
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				IN CITY OR TOWN WHERE DEATH OCCURRED <u>14</u> YRS. _____ MOS. _____ DS. _____		HOW LONG IN U. S. _____ YRS. _____ MOS. _____ DS. _____	
2. FULL NAME <u>Mary Ella Adcock</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? <u>14</u> YRS. _____ MOS. _____ DS. _____			
(A) RESIDENCE: NO. <u>1062 Fourth Ave Yuma, Arizona</u> WARD _____				(USUAL PLACE OF ABODE)		NON-RESIDENT GIVE CITY OR TOWN AND STATE	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>female</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe K. Adcock</u>				DATE OF MARRIAGE <u>May 17, 1887</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN.			
				<u>47</u> <u>9</u> <u>19</u>			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.				<u>Hwf.</u>			
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
12. BIRTHPLACE (CITY OR TOWN) <u>Cameron</u> (STATE OR COUNTY) <u>Texas</u>							
13. NAME <u>Thomas S. Chick</u>							
14. BIRTHPLACE (CITY OR TOWN) <u>Texas</u> (STATE OR COUNTY)							
15. MAIDEN NAME <u>Augusta Ward</u>							
16. BIRTHPLACE (CITY OR TOWN) <u>Texas</u> (STATE OR COUNTY)							
17. INFORMANT <u>Joe K. Adcock</u> (ADDRESS) <u>Yuma, Arizona</u>							
18. BURIAL <u>Yuma Cemetery</u> DATE <u>3/9/35</u>							
19. EMBALMER <u>Joe K. Adcock</u> LICENSE NO. <u>19</u> SIGNATURE <u>Joe K. Adcock</u> FUNERAL DIRECTOR <u>Yuma, Arizona</u> ADDRESS _____							
20. FILED <u>March 9, 1935</u> <u>Mary A. Whitham</u> REGISTRAR (ADDRESS) <u>Yuma, Arizona</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 8, 1935</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Feb. 2, 1935</u> TO <u>March 2, 1935</u>							
I LAST SAW HIM ALIVE ON <u>March 2, 1935</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>11:20 P. M.</u>							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:							
<u>Carcinoma of the lower duodenum</u>							
DATE OF ONSET <u>known</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
NAME OF OPERATION <u>none</u> DATE OF _____							
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____							
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____							
MANNER OF INJURY _____							
NATURE OF INJURY _____							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u>							
IF SO, SPECIFY (SIGNED) <u>Arthur H. Wilson</u> M. D. (ADDRESS) <u>Yuma, Arizona</u>							